

Burçin Çelik, Ömer Serdar Bekdemir, Mehmet Gökhan Pirzireni  
Ondokuz Mayıs Üniversitesi Tıp Fakültesi Göğüs Cerrahisi Anabilim Dalı, Samsun, Türkiye

A 63-year-old woman was admitted to our clinic with complaint of dyspepsia, epigastric pain and dyspnea on exertion for several years. A computed tomographic scan demonstrated right-sided anterior diaphragmatic hernia. Magnetic resonance imaging and computed tomography demonstrated the hernia and the sac containing omentum (Figure 1). She underwent right thoracotomy and exploration, which revealed 3-cm retrosternal diaphragmatic defect and hernia sac. The hernia sac was containing omentum (Figure 2). The hernia sac was opened, omentum was reduced into the abdomen. The sac was excised completely and the diaphragmatic defect was repaired with nonabsorbable sutures. Postoperative course was uncomplicated and the patient was discharged on postoperative day 7.

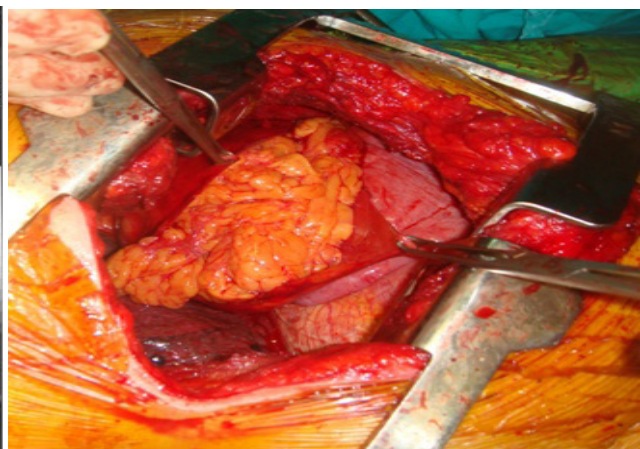
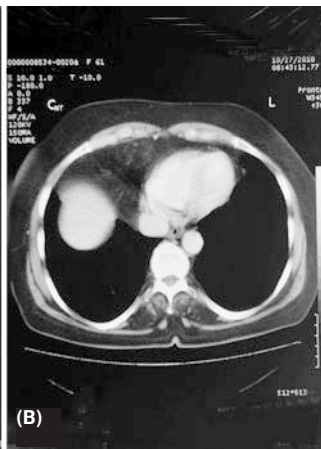


Figure 1. MR imaging (A), CT imaging (B) demonstrated diaphragmatic hernia and hernia sac.

Figure 2. At exploration, the hernia sac containing omentum.